

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 190 North Mata Street Providence, RI 02903-1335 101,222,3040

Matthew A. Brown, Secretary of State

2005

PROFIT (Filing Period: Jo			UAL REPORT Fee: \$50.00	r for a	THE YEAR	2005	
(FORM MUST BE T	YPED OR PRIN	<u>,</u>					
1. Corporate ID No. 56422		2. Name of Corporation RJJ DELI, Inc.					
3 Street Address Pri	OWEN		<u> </u>	City	EWPORT	State RV	240707070
Business Phone No	846 -	9233	5 State of Incorporation RHODE ISLAND			,	6. SIC Code 3079
7. Biref Description (RESTAUR)	of the Chamicter ANT/FOOD SE	of thisness Ginducted in E ERVICE	Rhode Island				
8. NAMES AND	ADDRESSES	OF THE OFFICERS:	· ("x" box for aita ΙΕ΄ (^λ	CHMENT) Vice Preside		CES BEFORE USING A	ATTACHMENTS
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City NEW	POKT	State	211/02840	City		State	<i>7.</i> tp
Secretary Name	SAM-)		Prousurer i	Name (SIN	ne)	
Sirver Address				Street Addr	ua (2	
Guy	4_	State	Zip	City		State	Zip
9. NAMES AND Director Name	ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT. 1.L)EU	Director Na	. –	PACES BEFORE USING	ATTACHMENTS
Street Address	36 K	AY B/VI	>	Street Addre	a.		
City Newy	oonV	State RF	202940	City		State	Zip
Director Name	No-			Director Na	me Mb		
Street Address	/			Siron Addr	uz /		
City	1	State	Zip	Clly		State	Zip
10. SHARES AU AUTHORIZED SHAF		("X" BOX FOR ATT	ACHMENT)	11. SHA		 BOX FOR ATTACHM	ENT)
Number of Shares		Class Series	Par Value	Number of 3	Shares	Class/Series	Par Value
300 NO PAR V	ALUE			100	Shares	Common	NO PAR
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This rep	port must be s	signed in ink by eith	er the President. Vice F	President, Se	ecretary, Assistant S	Secretary, Treasurer, Re	ceiver or Trustee
		I 93118 1 8711 81918 11619 9	101 1001				

File Date	9/1/05	
Check No	9996	
Ву:	Jmis	
	FOR AECRETARY OF STATE USE ONLY	

Under penalty of perjury, I decla		
including any accompanying selection contained portrained portrained portrained portrained and contained portrained portr		its, and that all statements
1-1/1000	Fine	831.05
Signal of Officer	1	Date
Print of Type Name of Officer	4:/ [0.21	
PRESIDENT		
Title of Officer		

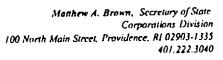


FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 630 12/01

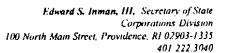
Office of the Sec					401,222,3046
PROFIT CORPO	RATION AN	NUAL REPO	RT FOR THE Y	YEAR <u>2004</u>	_
FORM MUST BE TYPED IN BIL	ACK)		. •., . •		
I. Corporate ID No.	2. Nume of Corporation				
56422	RJJ DELI, Inc.		Cin	State	Ζφ
3. Sincer Address Principal Busine. 37. BOWENS WHARF	ts Office		NEWPORT	RI	02840
6. Business Phone No.		5. State of Incorporation			6. SIC Code
4018469233		RHODE ISLAND			3079
7. Brief Description of the Characters RESTAURANT/FOOD SERV	er of Business Conducted				
8. NAMES AND ADDRESS		RS ("X" BOX FOR ATTA	CHMENT) FILL IN SP	ACES BEFORE USING ATT/	ACHMENTS
President Name			Vice President Name James J. Beauli	eu	
James J. Beaulieu			Street Address	· ·	
Smee Address 36 kay Blvd.			36 Kay Blvd.		
Ciny	State	Zip .	Cin	State	Тір
Newport	RI	02840	· Newport	RI	02840
Recretary Name		•	Treusurer Name	•	•••
James J. Beaulieu			James J. Beauli	.eu	
Street Address			Street Address		
36 Kay Blvd.			36 Kay Blvd.		
City	State	Zip	City	State	'Zip
Newport 9. NAMES AND ADDRESS	RI	02840	Newport	RI	02840
Director Name James J. Beaulieu Street Address			Director Name Street Address		
36 Kay Blvd.			•		
City	State RI	Zip 02840	City	State	Zıp
Newport Director Name	*******		Director Name	· · · · · · · · · · · · · · · · · · ·	
Street Address		<u></u>	Street Address		
Cirv	State	Zip	City	State	- Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*:	X" BOX FOR ATTACHMENT)
AUTHORIZED SHARES Number of Shures	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE			· 200 Shanes	COMMON	No PAR
		-			
This report must be signe	d in ink by either ti	he President, Vice Pr	esident, Secretary, Assi	istant Secretary, Treasur	er, Receiver or Trus
5 6 4	2 2	_	this report, includir	erjury, I declare and affirm thing any accompanying schedu	iles and statements,
56422 DBC 02/29/04	05:46:50 PM		and that all statemen	ents contained herein are true	24 / 0 4
Check No. 880			Squature of Officer	med I BEAL	the 1
1 1/0		1	7.07	1 1/1/1	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

15	•	AND PROVIDENCE PLANTATIONS Office of the Secretary of State
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	March J • F				
FORM MUST BE TYPED IN B	LACK) 2. Name of Corpo		 		
1. Carporate ID No	RJJ DELI, Ir				
3. Street Address Principal Busin	1		City	State	7.ip
37 BOWENS WHARF	og/		NEWPORT	RI	02840
Business Phone No.		5. State of Incorporati	on		6. SIC Code
4018469233		RHODE ISLAN			3079
Brief Description of the Church	ucter of Rusiness Con				
RESTAURANT/FOOD SER	VICE				
O NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
President Nume		,	VICE President Name		
James J. Beaulieu		<u></u>	James J. Beauli	eu	
Street Address			Street Address		
242 Purgatory Roa	d		. 242 Purgatory R		
City	State	Zψ	Ciry	State	Zip
Exeter	RI	02822	Exeter	RI	02822
ecretary Name	• • • • •		Tréasurer Name		
ames J. Beaulieu			James J. Beauli	eu	
Street Address			Street Address		
242 Purgatory Roa	đ		242 Purgatory R		
City	State	Zip	Ciry	State	Zip
Eveter	RI	02822	. Exeter	RI	02822
9. NAMES AND ADDRES	SES OF THE DI	RECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
James J. Beaulieu			'N/A		
Street Address			- Street Address		
242 Purgatory Roa	d		:		
	State	Zip	City	State	Zip
Cily Exeter	RI	02822	• ′	į	
Director Name			Director Name		• • • • • • • • • • • • • • • • • • • •
N/A			`n/a		
Street Address			· Street Address		
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City	State	7.ip	City	State	Zip
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300 NO PAR VALUE			200	Common	
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mi i sa ka mina	and in the burnie	har the President Vice	President, Secretary, Ass.	stant Secretary, Treas	urer, Receiver or Trust
this report must be sign	iea in ink by eii	ner the Frestuent, The	, Treatment, Secretary, than	,,	
2 INDIAL BIND D	ING 01010 (1010 1101 100)				
			Under penalty of po	erjury, I declare and affirm	that I have examined
* > 0	4 2 2 "		this report, including	ng any accompanying sche	dules and statements,
			and that all stateme	his contained herein are to	ue and correct.
**56422* 1/23/0310:5	DO:U/ AM"		[Trottel	1/1/W	12.3/12
File Date / d/	-03	_	(<u> </u>	- J	150167
	129	1	Signature of Officer	-/.	Date
. / /	,	l		KINC (T 13FI) I	IL IEII
Check No				· · · · · · · · · · · · · · · · · · ·	
Check No		-	Print or Type Name (of Officer	
By:			••	ORESIDEIT	



Form 630 12/01

* STATE OF RHODE ISLAND * AND PROVIDENCE PLANTATIONS Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST <u>BE TYPED II</u> L. Corporate ID No	N BLACK) 2. Name of Corporation 2. Name of Corporation	าก			
56422	RJJ DELI, Inc.			·	
3. Street Address Principal Bi	usiness Office		City	State RI	Zip
37 BOWENS WHARF		1. 6	NEWPORT	RI	6. SIC Code
. Business Phone No. 4018469233		5. State of Incorporation RHODE ISLAND			3079
	hurneter of Rusiness Conduc				133.3
ESTAURANT/FOOD SI	turneter of Business Conduc BRVICE				
and the second s	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATT	Vice President Name		CHMENTS
resident Name TAM	IES J. BEA	ILLIEN	: rice President Name (S	AME AS PR	ESIDENT)
treet Address	PURGATORY	ROAD	Street Address		
in -	State D	7φ (1) (1)	City	State	7ip
EXETER		DABAL	Treasurer Name /		. 1 🖯
scretary Name (56 m	P AC PRE	SIDENT	: SAM	IE SAS PRE	SIDENT)
irreet Address	<u> </u>	310-1	Street Address		<u> </u>
in .	State	Zip	*City	State	Zip
••••			•		
	ESSES OF THE DIREC	TORS (X BOX FOR A)	TACHMENT) TILL IN SP.	ACES BEFORE USING AT	ACHMENTS
Pirector Name JAM E	ES J BEAU	LIEU	Director Name		
preet Address 242	PURYATOR	y ROND	Street Address		
ENETED	State RF	Zip 02922	·Ciry	State	Zip
Director Name			Director Name		
ircet Address			Street Address		
iny .	Stene	Zip	City	State	Zip
10. SHARES AUTHOR	IZED EXTROX FOR AT	TOMESTIC P	ANY SHARES ISSUED (X	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
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+ 5	6 4 2 2 *			rry, I declare and affirm tha	
		¬		ny accompanying schedule	
56422 DBC7/25/02	8:22:49 PM		anujujat ali statemente	contained herein are true a	ina correct.
File Date	-24.02	,	/ XXW/19/	W	25.02
Check No.	7,27		Signature of Officer	NEC TOE	
CALCA NO.	3 .		Print or Type Name of O	Ti LJ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ANLIEU
B <u>v. </u>	<u>u</u>			ESIDENT	
FOR SECRETARY OF STA	ATE USE ONLY		Tilly of Officer	17170VI	

Title of Officer

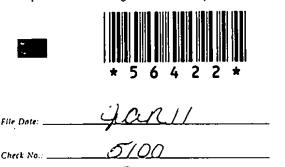
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation RJJ DELI, Inc. 56422 3. Street Address Principal Business Office Newport RHODE ISLAND Conducted in Rhode Island / Food Senvice & Any Lego / Bus wes Street Address PURGATURY City 7.10 Sime Street Address Street Address City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name AMES J. BEAULIEU Street Address Pungatory ROAD City Street Address Zip City City 210 State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) (SSUTED) SHARES AUTHORIZED SHARES Class/Series Number of Shares Par Value Number of Shares Class/Series 300 SHS NO PAR VAL 20 O

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements do table herein are true and correct.

| Companying schedules and statements, and that all statements do that all statements do the statements do not be supported by the statements of the statements do not be supported by the statements and that all statements do not be supported by the statements and that all statements do not be supported by the statements and that all statements do not be supported by the statements and that all statements do not be supported by the statements and that all statements do not be supported by the statements and that all statements do not be supported by the statement do not be supported by the statements do not be supporte

Under penalty of perjury, I declare and affirm that I have examined

James R. Langevin, Secretory of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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LA V	i GTR ZE BI	20.	

Filing Feriou: junui	ity 1-march 1	Filing Fee. \$30.0	· ·		1921 BLOST
FORM MUST BE TYPED IN					
1. Corporate ID No. 56422	2. Name of Corpora RJJ DELI,				
3. Street Address Principal Bush	WENS WHA	rt	"Newport	State	zip 02841
4. Businers Phone No. (401) 84		5. State of Incorpora RHODE ISL	lion		6. SIC Code 3079
7. Brief Description of the Cham RESTAUR	octer of Business Conducted 1 BOW ANG	Related 1	BusiNess		
8. NAMES AND ADDR		CERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
President Name JAME	IS I BEX	ULIEU	Vice President Name	V/b	
Street Address 242	PURGATORY	POAD	Street Address		
EXETER	State RI	210284	City .	State	Zip
Secretary Name	100.0	0	Treasurer Name (SN)	mo	
Street Address	$\eta(\mathcal{C})$		Street Address	MOS	
Street Maniess			arrect Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIRI		ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
Street Address PUR	eastory K	0 0 0 0	Street Address		
EXETER	Stote	202927	2 city	State	Zip
Director Name			Director Name	1	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI authorized shares	ZED ("X" BOX FOR ATE	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR	VAL		100	Common	NOTAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 5 6 4 2 2 *
File Date:	2/9/00
Check No.:	3886
	2 4

FOR SECRETARY OF STATE USE ONLY

this report including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
Jan /31/00
Signapline of Offices Date
Print or Type Name of Officer
- PRESIDENT
Title of Officer

Under penalty of perjury, I declare and affirm that I have examined





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No. 5647.7	2. Name of Corporation	ELI, INC.			
3. Street Address Principal Business Of			City	Etuta	71-
37 Bowen's	"Wharf		Newport	State E.	02840
4. Business Phone No.		5. State of Incorporation	- , * ,		6. SIC Code
401 -846 -9	153	Phous I	LS/ANC		3079
7. Brief Description of the Character of	Business Conducted in Rh	nde Island	, -,		•
FOUD SERVIC	E AND RE	elated Acti	vities /ANY L	PHAL BUSINES	ſ
8. NAMES AND ADDRESSE		RS ("X" BOX FOR ATTACHA	(ENT) FILL IN SPACES BEF	ORE USING ATTACHME	INTS
Precident Name	-		Vice President Name	· .	
JAMES	J. BEAU	JIFA		same -	
Classic Address		•	Street Address	14111 C	
242 PM	RYATORY	Rd.			
City .	is a will lot A	Zio ·	City	State	Zip
EXETER	RT	21p 02822	City	Jiuit	21/
CYC CK		000000	See See See See See See See		•••• •• •• ••
Secretary Name Shore	I. "Dr.	المدوني الأ	Treasurer Name	Linno	
	¥7 L 14	arawit -	-	BMe -	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTACH!	MENTS
Director Name	- D.		Director Name	-	
-JAMIES	J. BEAL	NLIEN	N	ori -	
Street Address	~l.	RI	Street Address		
242 Pur	29ATORY	11d			
City Co to 10	State	zio OFGZZ	City	State	Zip
City Exertising	XX	(194) タ・ユ			
Life Car Name	,	·	Offector Name		
- NO	1P		_ /	VONE-	
Street Address			Street Address		
City	State	Zip	City	State	Zip
		-7	,	V.P.	2.9
IA CHARES AUTHORIZED	/eve nov con		11 CHARTE ICCUEN AT		
10. SHARES AUTHORIZED	CA BOA FOR ALIACH	MENI)	11. SHARES ISSUED (*X* B	UX FOR ATTACHMENT)	
AUTHORIZED SHARES	a. .a		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 Shares	Ma Plan	1/1/1/2	100 Sharan	Carraga	NO PAR
JUD SHARED	NO TAK	VAILLY,	NO DARKON	SO MANINY	MU TAK
				 .	
This report must be signed	in ink he aither	the President Vice Dr	ocidant Sacratani Accietan	t Sacratary Transvers	Deceiver or Trucks
ima report must be signed	in in by citilet	the riesident, vice ri	esident, secretary, masistar	it secretary, iteasulet,	versivet of Hazis

	Under penalty of perjury, 1 declare and affi this report, including any accompanying so
File Date:	that all statements contained herein are tru
Check No.: AUG 2 4 1989	Standwelor Officer JAMES JE
By: 27-10. 3.67/2 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer (R? Stc/24)
	Title of Officer

rm that I have examined chedules and statements, and ie and correct. Andien Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE REAR-INSTRUCTIONS

1. Corporate ID No. 56422 RJJ DELI, Inc. 3. Street Address Principal Business Office 3. The Bowen's Wharf 4. Rusiness Phone No. Food Service and Related Activities Any Legal Business Conducted in Rhode Island Food Service and Related Activities Any Legal Business Conducted in Rhode Island The Rusiness Phone No. S. State of Incorporation RHODE ISLAND	
3. Street Address Principal Business Office 3. BUWEN'S WhARF 4. Business Phone No. 40/-846-9233 RHODE ISLAND 7. Business Conducted in Bhode Island	veis
37 BOWEN'S WHART NEWPORT RI 4. Business Phone No. 401-846-9233 RHODE ISLAND 2. Business Conducted in Phode Island	veis
Food Service AND Related Activities / Any Legal Bus IN	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)	President"
Street Address Street Address Street Address	
Street Address 242 PURGUTORY ROAD City ETER RIP 02822 Secretary None Street Address Street Address Street Address Street Address Street Address	Zip
Secretary Name Some At President Treasurer Name Some As President Street Address	esvilent
City State Zip City State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name TAMES J BEAULIEU Street Address Street Address	
242 Purgatory Rd CIT EXETER STORE RT 2028 72 CITY STORE	Zip
Director Name Director Name Street Address Director Name Street Address	
City State ZIp CIty State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES	. ~ ENT)
Number of Shares Class/Series Par Value Number of Shares Class/Series	Far Vulue
300 SHS NO PAR VAL 100 Shares C8 MMM	1 No Tor

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Dote:	1.1.98
Check No.:	1290
Ву:	ICP
FOR SECRETAL	RY OF STATE USE ONLY

Under penalty of perfury, I declare and affirm that I have examined this report inerliding any accompanying schedules and statements, and that all states of contained heroin are true, and correct.

Signature of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

56422

RJJ DELI, Inc.

3. Street Address Principal Business Office

City

Newport

State

02822

37 Bowens Wharf 4. Business Phone No.

5. State of Incorporation

RI

6. SIC Code

(401) 846-9233

Rhode Island

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

Food Service Restaurant / Pub and Catering and Any Legal Business

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name James J. Beaulieu

None

Street Address

Vice President Name

242 Purgatory Road Clly

Street Address

City

State

210

Exeter Secretary Name

RI

02822

Treasurer Name

Street Address

Director Name

None

Street Address

James J. Beaulieu

James J. Beaulieu Street Address

242 Purgatory Road

State

City

242 Purgabory Road

RI

02822

02822 Exeter RΙ

Exeter 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

City

Director Name

James J. Beaulieu

Street Address

242 Purgatory Road City

Tyeter

Director Name

None

Street Address

City

State

Zip

02822

Director Name

None

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

RI

AUTHORIZED SHARES

Number of Shares 300 Sahres - No Par Value

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

100 Shares

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Antained herein are true and correct

Signature of Piffic

litle of Officer

James/ 'J. Beaulieu

Print or Type Name of Officer President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR	PRINT IN BLACK INK.		
1. CORPORATE ID NO	2 NAVE OF CORPORATION		_		
0056922 3 STREET ADDRESS PRINCIPAL BUSINESS O	K	DELI J	nc .		
37 Bowens	1 -		Newport	STATE	02840
4 BUSINESS PHONE NO. 49.7	778	5. STATE OF INCORPORATION	Kland		6. SIC CODE
TESTOWRANT -	Frad & Bever	ine / Catter		gal Busin	
PRESIDENT NAME		VIESVASUDI ADDIB	VICE PRESIDENT NAME		
STREET ADDRESS	J BEAULE	U	STREET ADDRESS	l	
242 Jung.	ntony Rd	Tze cóst	ary	STATE	₹ ZP CODE
Everes	RY	02840		JAR	Zr cooe
SECRETARY HAVE			THEASTREA NAME		
STREET ADORESS			STREET ADDRESS		,
αιγ	STATE	Z12 C00E	ary	STATE	ZIP COCE
CIRECTOR NAME		E STANDSAUDA	DRECTOR NAME	ALLE COLUMN	
SAN	<u>l</u>				
STREET ADORESS			STREET ADDRESS		
CTY	STATE	72P C000E	aty	STATE	77P COCE
PETTOR VAVE	Territoria de la companya della companya della companya de la companya della comp	· Andrews Allerton	DATE CTUH NAME	A STANSON OF THE PROPERTY OF THE PARTY OF TH	ettivias ette attaliaisen son ett eren situation
STATET ADDRESS			STREET ADORESS		
ân	STATE	ZIP CODE	arv	STATE	ZIP CODE
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	AUTHORIZED SHARES			ISSUED SHARES	and the state of t
NUMBER OF SHARES	CLASS / SFRIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERTES	PAR VALUE
300 1	VO PAR 1	Commun	100	Common	no Var
· ···		·	<u> </u>	· 	
			 		<u> </u>

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ile Date:	NOV 2 9-1996
heck No:	NOV 2 9-1996

For Secretary of State Use Only

By: .

nature of Officer

Under penalty of berjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements ponyained herein are true and correct.

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPOR

Please Type or Pr File Annually – Jan. 1 - Marci

Filing Fee \$50.

Make Checks Payable to: Secretary of St

401-217 0010	•
ALL ENTRIES MUST BE COMPLETED IN FULL OR THE	
Corporate ID: 0056422	Annual Report for the year: 1995
QTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
Name of Corporation.	Business Entity is (check one):
Business entity organized under the laws of the State of:	Business Carporation (See RIGL Chapter 7-1.1)
- or roteign charge, address and totophone nemes or principal charge	Professional Service Corporation (See RIGL Chapter 7-5.1)
	Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 849-6700	DA NEW A
Address and telephone of the principal office of business entity in Rhode	Kestburrant, Took & Bowlesoys
Island (Provide street address - Not P.O. Box):. 37 BOWEMS WANTE	CATELING and any legal I husiness
New part RT 02640	
Phone: (40)) 846 - 9333	
	THE OFFICERS ARE:
Tomes J B Exilien 242 Prizaton	
VICE PRESIDENT STREET ALL	
SECRETARY STREET AL	DDRESS CITY/STATE ZIP CO
SECRETARY (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DURES CHIMIE ZPC
TREASURER STREET AL	DDRESS CITY/STATE ZLP CO
(Some)	
NAME STREET AL	HE DIRECTORS ARE: DDRESS CITYSTATE ZIPCO
(SAMe)	
NAME STREET AL	DURESS CITY/STATE ZIP CO
NAME STREET AS	DORESS CITY/STATE ZLP CO
ANTIMORD OF CHARES AITHORIZED (Dides may be sureled)	NUMBED OF CHARES ISSUED AND OUTSTANDING ON A SECOND OF SECOND
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
300 NO PAR.	100 NO PAR
7	
Mariala and Go	AOI.
Date 100-ember 27, 199) By: 40	The There is a series of the s
PRINT OR	TAMES T BEAULIFU
······································	OFFICER SIGNING
· · · · · · · · · · · · · · · · · · ·	GENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated below	w is incorrect, Form 9 must be filed.
TAMES IT BEAULIEU 28 Pelham Street # 105	
28 Palhon Ctrist # 100	NOV 27 1997
	By CLB CMH
Newport RI OFBYD	771X

Filing Fee \$50 00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jun. 1 - March 4

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual Report for the year: 1994
Name of Business Entity:	RUG DELI, IME.
Business entity organized under the laws of the State of Rhodo_Island Federal Taxpayer Identification Number: 0.5 = 0.447499 For foreign entity, address and telephone number of principal office. N/A Phone: (Business Entity is tcheck one) [X] Business Corporation (See RIGL Chapter 7-11) [] Professional Service Corporation (See RIGL Chapter 7-51) [] Limited Liamitty Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed:
Phone	N/A
STREET ALL CHEEF PROCESS OF ALCOHOLS O	PY ROAD EXPLOYED 02822 OPECODE OPECOD OPECODE
NAME STREET AS	
NAME James J	CINSTRACTOR 0282200F
SAME STREET AC	DONESS CHYSTATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 300 CLASS Common SERIES	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 100 CLASS Common SERIES
PAR VALUE OR WITHOUT PAR Without Par	PAR VALUE OR WITHOUT PAR Without Par
NUV 2 1 1994 10721 104 By 90 14# 4693	Type Been Ly TOMES T Bean/sen FRESIDENT HEITERSKINING
DESIGNATED REGISTERED OR RESID	ENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filed.

Form 31 1/85

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	_# 0056422	Annual Report for the	he year4993
First: Th	ne name of the corporation is.	RJJ DELI, INC.	
Second:	It is incorporated under the la	iws of Rhode Island	
THIRD: C	haracter of business, briefly st	ated, is Restaurant Business/	Food and Beverage
Business/ar	dany lawful busines	S.	
Fourth:	If foreign corporation, address	s of its principal officeN/A	
Fігтн: Ві	usiness address in Rhode Islan	d 37 Bowen's Wharf Newpor	t. RI 02840
Sіхтн: N	ames and addresses of its direct		(Attach rider if necessary)
James J. Be	aulieu Dir	rector 242 Purgatory Road	Exeter,RI 02822
N/A	Dir	ector	•••••
N/A	Dir	rector	
James J. Be	eaulieu Pre	sident 242 Purgatory Road	Exeter,RI 02822
N/A	Vic	ee President	
James J. Be		(Same Address)	•••••
James J. Be	aulieu Tre	easurer (Same Address)	
Seventh:	Number of Shares authorized	i :	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
300	Common	Rec'd & Filed NOV 1 2 1993	Without Par
Еіднтн: 1	Number of Shares issued:	ALC.	Par Value
No. of Shares	Class	Series f	shares are without par value
100	Common	, ,)	Without Par
Dated Novemb	er 10, 19 93	(Name of Corporation) By The Beach	INC.
(Repo	rt must be signed by an officer)	Ville President	

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, KBO		
Corporate ID	422	Annual Report for the year	ar 199L
First: The name of	of the corporation is RJJ	DELI, Inc	
SECOND: It is inco	rporated under the laws of	Phode Island	
THIRD: Character	of business, briefly stated, is Re	estaununt and Relute	eel Catering
	, Business		
••••	_	cipal office	
TOURIN. II IO.O.g.	. Co.po. a	, , ,	
FIETH Rusiness ac	Idress in Rhode Island 37	BUWENS WHARE	PO BOX 37719
	V RI O2840		
•	d addresses of its directors and o		(Attach rider if necessary)
	Office	Address (including numbe	r street zin code)
JAMES JBE	Bullen Director 2	42 Pungatony Road Eje	Ken RJ 01922
	Director		
	Director	/	
James J Be	auliei President	(SbMl)	
N/A	Vice Presiden	t Som	
JAMES J B	eaulieu Secretary	(Spru)	
James J Be	2au/leu Treasurer	(same)	••
Seventh: Numbe	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
300	Cummon	NO Phir value	
		Broid a co.	
EIGHTH: Number	of Shares issued:	ran's a filed Nnv 17	Par Value 1992 or statement that Shares are without
No. of Shares	Class	Series AMI	7#-29 par value
100	C. VIII M. V.	100 1200 000000	x 110
David Mov.	17 199	NT Dele Inc	
Dated		iame of Corporation)	-
	By	July 43 W	
(Penart must h	e signed by an officer)	de Coulen	****

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0056422	*********************************	Annual Report for th	ie year1991
First: The name of	the corporation is RJJ DE	ELI, Inc.	
Third: Character of manage for	business, briefly stated, isTor others food and beve	o own and operate a reserage businesses and to	taurant business or to transact any lawful nder the Rhode Island
Business	Corporations Act.		
	reas in renode totalle	wens Wharf Newport, R	02840
MAILING ADDRESS: F	.0. BUX 3/19 New	DOI C. M. M. D. D. J. V. M.	
SIXTH: Names and a	addresses of its directors and		(Attach rider if necessary) number, street, zip code)
James J. Beaulieu	Director	242 Purgatory Rd. Exe	eter, RI 02822
Joseph J. Dabek	Director	23 Highmeadow Road I North Pier Tower #250	Little.Compton,RL02837.
Ronald E. Kutrieb	Director	•	c. Chicago, IL 60611
James J. Beaulieu	President	242 Pur-atory Road I	Exeter, RI 02822
Joseph J. Dabek	Vice Preside	nt 23 High Meadow Road North Pier Tower #29	Little Compton, RI 02837
Ronald E. Kutrieb	Secretary	474 No. Lake Shore Di	r. Chicago, IL 60611
James J. Beaulieu	Treasurer	242 Purgatory Road I	Exeter, RI 02822
53.2	of Shares authorized:	Series	Par Value or statement that shares are without par value
No. of Shares 300	Common	1/01/02	No Par
500	COMBI		
Franks Number of	f Shares issued:	Secreta Find Till	上海 温報 Par Value
EIGHTH: Number of	1 Strates issued.	AMI G	4.79 Par Value 8665 or statement that shares are without
No. of Shares	Class	Series	par value
300	Common		No Par
Dated November 12, 1		RJJ DELL, Inc. Name of Corporation)	
(Report must be s	7	itle Cardit	<i>J</i>

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0056422	*****	Annual Report for the	year1990
FIRST: The name of	the corporation is RJJ DE	ELI, Inc.	
THIRD: Character of manage for	business, briefly stated, is 17 others food and beve	Rhode Island To own and operate a rest	aurant business or to ransact any lawful
Business	Corporations Act.	may be incorporated und	
FIFTH: Business add	1033 III Tellodo Islano	owens Wharf Newport, RI	02840
SIXTH: Names and a	addresses of its directors and		(Attach rider if necessary)
James J. Beaulieu	Director	242 Purgatory Rd. Exet	er, RI 02822
Joseph J. Dabek	Director	23 Highmeadow Road Li	ttleCompton,RI02837.
Ronald E. Kutrieb	Director	North Pier Tower #2505 474 No. Lake Shore Dr.	Chicago, IL 60611
James J. Beaulieu	President	242 Pur-atory Road Ex	eter, RI 02822
Joseph J. Dabek		nt 23 High Meadow Road L	ittle Compton, RI 0283
Ronald E. Kutrieb		North Pier Tower #250 474 No. Lake Shore Dr.	5
James J. Beaulieu	Secretary	242 Purgatory Road Ex	
** ************************************	Treasurer	2.12 (0190001) 10000 1111	Par Value
SEVENTH: Number	of Shares authorized:		or statement that shares are without
No. of Shares	Class	Series	par value
300	Common Fac'd	& Filed NOV 12 1991	No Par
	f Shares issued:	11MT#29 LOSGOS	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
300	Common		No Par
Dated November 12, 1		RJJ DELI, Inc. (Name of Corporation)	~
(Report must be s	signed by an officer)	Tile / Vien Wi	